

CMDP NEWS

Bi-Annual Newsletter for Arizona's Foster Care Community

SEPTEMBER 2006

CMDP Ph#. 602-351-2245, 1-800-201-1795

Welcome to the **2006 Fall Edition** of the **CMDP NEWS!**



CMDP Mission Statement

“CMDP promotes the well being of Arizona’s children in foster care by ensuring, in partnership with the foster care community, the provision of appropriate and quality health care services.”

CMDP Preferred Medication List

When the PCP writes a prescription for a generic medication, and a brand name medication is available, CMDP covers the cost of the generic. If the foster caregiver insists on the brand name when a generic is available, then the foster caregiver is financially responsible to pay the difference between the cost of the generic and the brand name medication. However, if the PCP receives prior authorization from CMDP for the brand name and writes it “fill as prescribed”, or there is no generic for that medication, CMDP will cover the cost of the brand name.

Medical Home

A Medical Home is one central source of a child’s medical records. For CMDP, the member’s primary care provider (PCP) is the **Medical Home**. It is also a partnership with families to provide primary health care that is:

Accessible
Family-centered
Coordinated
Comprehensive
Continuous
Compassionate
Culturally effective

It is very important for a member’s medical records to be transferred to the current PCP.

Cultural Competency in Health Care

Exercise and Disability: Physical activity is within reach:

Perhaps you have a physical disability. Or maybe you have a condition that limits your mobility. You're adjusting to your disability. But your doctor or PCP asks you to get more active.

Take the advice to heart. Exercise can help you manage your weight, maintain your independence and improve your quality of life. Here's help exploring your options.

Equal Opportunity Employer Program. Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting Member Services (602) 351-2245 or 1-800-201-1795. **Empleador/Programa con Igualdad de Oportunidades. Para obtener este documento en otro formato, comuníquese con Servicios para Miembros al 602.351.2245 o al 1-800-201-1795.**

**Start slowly:**

Check with your PCP before you begin to exercise. Once you have the OK, start slowly. Begin with gentle activities, such as stretching. Little by little increase the length and amount of the workouts. Stop exercising if you feel pain, sick, dizzy or short of breath.

Get creative:

Walking through the neighborhood or wheeling in a wheelchair counts as exercise. But there are plenty of other options, too. For many activities, minor changes — such as slowing down the pace, using modified equipment or playing in a wheelchair — are all that's needed.

If you can't ride a bicycle for whatever reasons, try hand cycling. Hand cycles have three wheels. Pedal and steer the hand cycle using only your upper body. As with any type of bicycle, remember to wear a helmet when you ride.



The Arizona State Immunization Information System-ASIIS

ASIIS is the statewide system for keeping records of the shots given to children. It is a state law that doctors record the shots given to children ages birth to 18 years old. This can keep children from getting the same shots several times when their shots history is not known.

Vaccines for the following diseases should be given to children by age 2:

Diphtheria, Tetanus, Pertussis= DTap 4 times

Poliomyelitis=IPV 3 times

Measles, Mumps, Rubella=MMR 1 time

Hepatitis B=3 times

Haemophilus influenza type b=HiB 4 times

Varicella (chickenpox)=1 time

Pneumococcal (pneumonia)=4 times

Hepatitis A=2 times

Influenza (flu)=yearly after 6 months of age

For almost 30 years, it has been noted that most of the children in foster care have health and mental problems. Almost 80% of children entering foster care have at least one chronic medical condition. One fourth of these children have three or more chronic problems. These children are at risk of having health problems that shots or immunizations could prevent.

Most children going into foster care are behind with their shots and are on “catch-up” schedules. CMDP has a hard time finding out what shots foster children have been given. Child Protective Services (CPS) Specialists and foster caregivers face the task of getting children “caught-up” on their shots by age two.

Routine shots are a safe and cost-effective way of preventing serious diseases. ASIIS is often the only way CMDP can track the records on children. The system can be of great help. The child's CPS Specialist can contact the ASIIS program or CMDP for a copy of the ASIIS record. The record has the history of shots. There is also a list of what shots are due and when they should be given.

[Urgent Care Vs. Emergency Room \(ER\)](#)

Due to long wait times in most ER settings, there are some ways to address the acute needs of a sick or injured child.



- **First:** Contact your PCP to see if you can get an appointment within the next 24 hours. Having your child see a medical professional that knows them and their medical history is best *(It is understood that a 24-hr wait may not be appropriate in some situations)*

The sickness or injury may occur after the normal PCP office hours of 8:00 AM to 5:00 PM. Here are some examples to help you decide the best plan of action.

These are examples to use Urgent Care:

- Earache or Ear Infection
- Minor Cuts or Bruising
- Skin Rash & Bug Bites
- Sore Throat
- Common Cold and Cough
- Sprains
- Urinary Tract Infections
- Headache
- Low-Grade Fever

Examples to use the Emergency Room (ER):

- Shortness of Breath
- Chest Pain
- Loss or Altered Level of Consciousness
- Animal or Human Bite
- Car Accident
- Major Cuts, Burns and Bleeding
- High-Grade Fever
- Poisoning
- Fractures or Broken Bones
- Trauma or Head Injury
- Suicidal or Homicidal Feelings

If you need help locating an Urgent Care provider close to you, contact Member Services. They will

be happy to assist you. Please remember that whether the child goes to the Urgent Care or the ER, the CPS Specialist **MUST** be notified as soon as possible afterwards.

The Birth to Five Helpline

Southwest Human Development and its new Arizona Institute for Early Childhood Development has an exciting free resource for parents and caregivers of infants and young children as well as the professionals who serve them:

The Birth to Five Helpline
1-877-705-KIDS (1-877-705-5437)



There is no cost to use the toll free helpline. It covers concerns about children from pregnancy to age five.

The hours of operation are:

8:00AM-8:00PM, Monday-Friday
10:00AM-2:00PM, Saturday

For more information about the agency, go to:

<http://www.swhd.org>

(For questions about the helpline, contact Jan Martner, director, at 602-266-5976)

Web Site Viewing Only:



When viewing this newsletter on the CMDP web site, you may have to click onto the attachments twice (two times) to get them to open and show the flyers. Don't quit, they'll pop up.

Flyers are in English and Spanish



Birth to Five -
English.pdf



Birth to Five -
Spanish.pdf

Today's Teens More Likely to Abuse Rx and OTC Medications

The intentional abuse of prescription (Rx) and over-the-counter (OTC) medications to get high is now an entrenched behavior among today's teen population, according to a national study released by the Partnership for a Drug-Free America.

The Partnership's 18th annual study of teen drug use and attitudes confirms that Generation Rx has arrived. An alarming number of today's teenagers are more likely to have abused Rx and OTC medications than illegal drugs like Ecstasy, cocaine, crack and meth. Nearly one in five teens (19 percent or 4.5 million) report abusing prescription medications to get high. One in 10 (10 percent or 2.4 million) report abusing cough medicine to get high.

The Partnership has created a new brochure to educate parents about use and abuse of Rx and OTC drugs by teenagers entitled, "Getting High on Prescription and Over-the-Counter Drugs Is Dangerous: A Guide to Keeping Your Teenager Safe in a Changing World", to order **free** copies of this guide please visit:

<http://store.health.org/catalog/productDetails.aspx?ProductID=17287>

*(The guide and shipping are free of charge)

Ear Infections (Otitis Media)

The following is based on an article from the National Institute on Deafness and Other Communication Disorders' web site:

Otitis media is an ear infection. Three out of four children will get otitis media by the time they are three years old. In fact, ear infections are the most common illnesses in babies and young children.

There are two main types. The first type is called **acute otitis media (AOM)**. This means that parts of the ear are infected and swollen. It also means that fluid and mucus are trapped inside the ear. AOM can be painful.

The second type is called **otitis media with effusion (fluid)**, or **OME**. This means fluid and mucus stay trapped in the ear after the infection is over. OME makes it harder for the ear to fight new infections. This fluid can also affect a child's hearing.



Otitis media usually happens when viruses and/or bacteria get inside the ear. This can cause an infection. It often happens as a result of another illness, such as a cold. If your child gets sick, it might affect his or her ears.



It is harder for children to fight illness than it is for adults so children develop ear infections more often. Some researchers believe that being around cigarette smoke, can contribute to ear infections.

An ear infection can cause:

- Temporary hearing problems
- Temporary speech and language problems

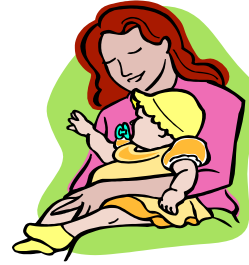
If left untreated these problems can become more serious.

Hearing is affected because sound cannot get through an ear that is filled with fluid.

It is not always easy to know if your child has an ear infection. Sometimes you have to watch carefully. Your child may get an ear infection before he or she has learned how to talk. If your child is not old enough to say, "My ear hurts," you need to look for other signals that there is a problem.

Here are a few signs your child might show you if he or she has otitis media:

- Does she tug or pull at her ears?
- Does he cry more than usual?
- Do you see fluid draining out of her ears?
- Does he have trouble sleeping?
- Can she keep her balance?
- Does he have trouble hearing?
- Does she seem not to respond to quiet sounds?



A child with an ear infection may show you any of these signs. If you see any signs, call the primary care provider (PCP). If the PCP gives you a prescription, make sure you understand the directions fully before you leave the office.

Here are a few things you can do to lower a child's risk of getting otitis media:

- **Do not smoke** around your child. Smoke is not good for the delicate parts inside a child's ear.
- The best thing you can do is to **pay attention** to your child. Know the warning signs of ear infections and be on the lookout if your child gets a cold. If you think your child has an ear infection, call the PCP.

CMDP Notice of Privacy Practices

CMDP members, foster caregivers and the agencies with custody of our members are eligible to have a copy of the CMDP Notice of Privacy Practices. This notice covers healthcare information about CMDP members that is maintained by the Comprehensive Medical and Dental Program. It tells how information may be used and disclosed consistent with federal law. It also tells how you can get this information.

The notice is in each CMDP New Member Packet. It has not been changed since 2003.

**You may download a notice at:**

www.azdes.gov/dcyf/cmdpe/hipaapp_1.asp

You can also request a notice by telephone at:

602-351-2245 or 800-201-1795 (Toll Free)

Or write us at:

Comprehensive Medical and Dental Program
Privacy Officer
P.O. Box 29202, Site Code 942C
Phoenix, Arizona 85038-9202

Oral Health

According to the American Association of Pediatrics, counseling from your Primary Care Physician (PCP) during well-child visits should include the following:

- **Oral Hygiene**—begin to brush the child's teeth as soon as they appear (twice daily) and floss between the teeth once every day as soon as teeth contact one another.
- **Diet**—after the first teeth come in, provide fruit juices (1 cup per day) during meals only. Carbonated beverages should not be given to the child. Infants should not be placed in bed with a bottle containing anything other than water. Ideally, infants should have their mouths cleansed with a damp cloth after feedings.
- **Fluoride**—all children should use fluoride toothpaste and fluoride in their drinking water. Caution should be used with all fluoride-containing products. Usage should be reviewed with your PCP or primary

dental provider and fit the needs of each child.



**Visit the CMDP Internet
Web site at:**

<http://www.azdes.gov/dcyf/cmdpe/>

How useful is our web site? If you have any questions or comments please let us know. Your feedback is very important to CMDP.